

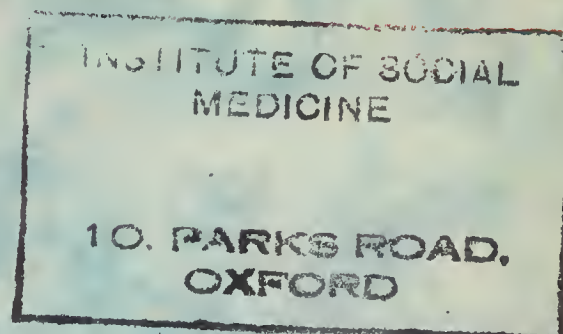








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THE GREAT YARMOUTH  
EDUCATION AUTHORITY

THE  
ANNUAL REPORT  
OF  
THE SCHOOL MEDICAL OFFICER  
For 1949

GREAT YARMOUTH  
JOHN BUCKLE (PRINTERS) LTD., THEATRE PLAIN  
1950





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EDUCATION AUTHORITY

THE  
ANNUAL REPORT  
OF  
THE SCHOOL MEDICAL OFFICER  
For 1949

INSTITUTE OF SOCIAL  
MEDICINE

10. PARKS ROAD,  
OXFORD

GREAT YARMOUTH

JOHN BUCKLE (PRINTERS) LTD., THEATRE PLAIN

1950





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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION  
AUTHORITY OF GREAT YARMOUTH

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Public Health Department,  
Town Hall,  
Great Yarmouth.

1950.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the report on the work of the School Health Service for 1949.

You will note that many of the services previously provided by you passed under the control of the National Health Service, but I am glad to report that, as a result of close liaison with the bodies concerned, the facilities available for schoolchildren were maintained.

I am glad to report also that it was at last possible to obtain the services of a speech therapist and that the clinics which were started during the year showed promise of being most successful.

Another new service inaugurated during the year was the home teaching of selected handicapped children, and I wish to express appreciation of the readiness with which you accepted my recommendation that this service should be provided. I believe that you are already aware of the success of the scheme from reports which you have received. Further information is given in the body of this report.

The difficulty of obtaining places in special schools for other handicapped children remained, but showed signs of easing towards the end of the year.

You will note the further improvement in the position regarding infestation with vermin, but so long as there remain in the homes of some of the children uncontrollable sources of infestation in other members of the family it will be impossible to submit an entirely satisfactory report on this matter.

I would draw particular attention to the remarks under the section headed "Infectious Diseases" regarding the two cases of diphtheria which occurred in schoolchildren during the year.

The School Dental Officer's report reveals a serious drop in the amount of dental work carried out for schoolchildren, resulting from the inability to obtain the services of an Assistant Dental Officer during the year. This kind of experience was general throughout the country and was directly due to better terms under the National Health Service attracting dentists to that service from the School Dental Service. It is generally recognised that preventive dentistry in early life should have priority, and the policy which has produced the present state of affairs must be regarded as seriously retrograde. It exemplifies well however the common impression that, whatever may be stated in the

provisions of the National Health Service Act, the service in practice has placed the accent on the treatment of disease rather than its prevention. It is difficult to do much locally to reverse this tendency, and unless the central authorities can give a lead it appears possible that the School Dental Service may collapse entirely and be followed by other preventive services in the country.

I wish to express my thanks to you for your support during the year, to the staffs of the Education Department and the schools for their willing co-operation and help, and to the staff of the School Health Service for a good year's work.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

K. J. GRANT,

*School Medical Officer.*

## STAFF OF SCHOOL HEALTH SERVICE

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### School Medical Officer:

K. J. GRANT, M.A., M.B., CH.B., D.P.H.

### Assistant School Medical Officers:

W. J. HUTCHINSON, M.B., B.CH., B.A.O., D.P.H.

B. M. KELLY, M.B., CH.B., B.A.O., L.M., D.C.H.  
(Resigned 30.9.49)

### Ophthalmologist (Part-time):

D. K. SOUPER, M.A., M.B., B.CH., D.O.M.S.,

### Senior Dental Officer:

W. NICHOLLS, L.D.S., R.C.S.

### Assistant Dental Officer:

(VACANT)

### Speech Therapist (Part-time):

D. BARBER, L.C.S.T.

### School Nurses:

Miss R. WHILEY, S.R.N.

Full Time

Miss D. IRELAND, S.R.N.

Mrs. E. BURNELL, S.R.N.,  
S.C.M., H.V. CERT.

Miss E. WHITMORE, S.R.N.,  
S.C.M., H.V. CERT.

Part Time

Miss E. PRETTY, S.R.N.,  
H.V. CERT.

### Chief Clerk:

E. GARRETT.

### Clinic Clerks:

Miss M. KEY.

Miss P. TOLLIK.

### Dental Clinic Attendant-Clerks:

Miss G. PRESS.

Miss K. COOPER.  
(Resigned 30.9.49)

## CO-ORDINATION

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The co-ordination between the School Health Service and the other Health Services of the Council was easily maintained, as in the past, by the fact that the administrative control of all the services is vested in the same persons. The partial return to the policy of combining the posts of Health Visitors and School Nurses further helped the position; only two nurses devoted their time entirely to the School Health Service, the remainder of this work being distributed between nurses holding combined appointments.

The changes in general medical arrangements brought about by the National Health Service Act, 1946, made close co-ordination with the Regional Hospital Board and the Executive Council a primary consideration. The orthopædic clinic previously run by the County Borough passed to the Regional Hospital Board, but there was little change in the general arrangements, and the standard of facilities for schoolchildren was maintained. The Child Guidance Clinic also passed under Regional Hospital Board control, and although there was a change in the place where the clinic was held the same facilities were maintained and made available to the School Health Services.

No formal arrangements existed for the transfer to the School Health Service by hospitals of information regarding children requiring follow-up after hospital treatment, but in an area of this size and nature where there is close liaison between the staffs of the hospitals and the School Health Department, the most part of the essential information is transferred by informal means. The new arrangements for ophthalmic treatment for schoolchildren required co-ordination with the Executive Council, but this was readily achieved and the Service ran smoothly throughout the year. With general practitioners in Executive Council lists, close contact was maintained where necessary regarding individual children, and a satisfactory two-way exchange of information took place.

## SCHOOL HYGIENE

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During the year, the Wroughton Junior School, with accommodation for 480 pupils, was completed and occupied. The full scale of sanitary accommodation laid down in the 1945 Building Regulations was provided in the school. The standards laid down by the Ministry have since been reduced and this is the last of the new schools likely to be equipped on such a generous scale.

Improvements were made to the sanitary accommodation at some of the older schools and several schools were provided with hot water for wash basins.



# SCHOOL POPULATION AND SCHOOL ATTENDANCE

The following table shows the average number on books and the average attendance for the year ended 31st March, 1949.

	Total Accommodation	Average Nos. on Registers	Average Attendance	Per cent.
County Schools:				
Primary Schools, Infants	2230	1664	1453	87
Primary Schools, Junior	2460	2101	1956	93
Secondary Schools	2160	1669	1548	93
Total	6850	5434	4957	93
Voluntary Schools:				
Infants	214	183	159	87
Senior and Junior	882	775	721	93
Grammar School	—	337	319	95
High School	—	362	341	94
Total	1096	1657	1540	93
Aggregate	7946	7091	6497	92

## SCHOOL MEDICAL INSPECTION

Periodic medical inspection of pupils in appropriate age groups was carried out in accordance with the Education Act, 1944, and Ministry of Education Regulations.

Parents were invited to all inspections and the great majority were present at the inspection of their children.

The following tables give a statistical survey of the work done and of the findings of inspections.

# Medical inspection of pupils attending maintained primary and secondary schools

## Periodic Medical Inspections

Number of inspections in the prescribed groups:—

Entrants	...	...	...	...	838
Second age group	..	...	...	...	629
Third age group	...	...	..	...	622
Total	...	...	...	...	<u>2089</u>

Number of other periodic inspections ... .. —

## Other Inspections

Number of special inspections	...	...	...	14
Number of re-inspections	...	...	...	10
Total	...	...	...	<u>24</u>

## Pupils Found to Require Treatment

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin):—

Group	For defec- tive vision (excluding squint)	For any of the other conditions recorded	Total individual pupils
Entrants	4	411	322
Second age group	85	167	204
Third age group	103	153	219
Total (prescribed groups)	192	731	745
Other periodic inspections	—	—	—
Total	192	731	745

# Findings at school medical inspections

Defect or Disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
Skin ... ..	49	24	—	—
Eyes:—				
Vision ... ..	192	32	3	—
Squint ... ..	33	5	1	—
Other ... ..	21	9	—	—
Ears:—				
Hearing ... ..	5	2	1	—
Otitis Media ... ..	9	16	—	—
Other ... ..	54	14	—	1
Nose or Throat ... ..	205	163	1	—
Speech ... ..	13	3	—	—
Cervical Glands ... ..	55	81	—	—
Heart & Circulation ... ..	12	38	1	—
Lungs ... ..	28	28	—	1
Developmental:—				
Hernia ... ..	3	—	—	—
Other ... ..	2	6	—	—
Orthopædic:—				
Posture ... ..	8	18	1	1
Flat Foot ... ..	149	34	—	—
Other ... ..	41	64	2	1
Nervous System:—				
Epilepsy ... ..	—	1	2	—
Other ... ..	9	24	—	—
Psychological:—				
Development ... ..	—	3	—	—
Stability ... ..	2	5	—	—
Other ... ..	33	23	—	1



Classification of general condition of pupils inspected during the year in age groups

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
Entrants ...	838	288	34%	464	55%	86	10%
Second Age group	629	168	27%	410	65%	51	8%
Third age group	622	271	43%	323	52%	28	4%
Other periodic inspections	—	—	—	—	—	—	—
Total	2089	727	35%	1197	57%	165	8%

**Note.**—The terminology in this table is in accordance with Ministry of Education instructions but it should be noted that “Fair” does not indicate a sub-normal classification.

## TREATMENT

### Clinics

The following are the names and addresses of the School Clinics in the area:—

Great Yarmouth School Clinic,  
Congregational Church,  
Middlegate Street.

Gorleston School Clinic,  
Trafalgar Road East.

The authority has plans to replace the present unsatisfactory Great Yarmouth Clinic by a new clinic in the same area, and there are hopes that the commencement of building will not be long delayed.

### Minor Ailments and Skin Diseases

Clinic sessions for schoolchildren were held at Yarmouth and Gorleston Clinics each school day and on prescribed days during school holidays.

Although primarily for the treatment of minor ailments, these clinics have broadened in function and are used as clearing houses for a great variety of diseases and defects. Pupils requiring consultation or treatment outside the scope of the clinic are referred to wherever they can most readily obtain it.

Cases of ringworm of the scalp were referred as in previous years to Addenbrooke's Hospital, Cambridge, for X-ray treatment and six cases were treated there during the year. One case was treated at University College Hospital, London.

	Number of defects treated, or under treatment during the year.
Skin:—	
Ringworm — Scalp:—	
X-ray treatment ... ..	7
Other treatment ... ..	12
Ringworm — Body ... ..	24
Scabies ... ..	19
Impetigo ... ..	117
Other skin diseases ... ..	181
Eye disease:—	
(External and other, but excluding errors of refraction, squint, and cases admitted to Hospital ... ..)	128
Ear defects ... ..	245
Miscellaneous:—	
(e.g. minor injuries, bruises, sores, chilblains, etc.) ... ..	1997
Total ... ..	2730

Total number of attendances at Authority's  
Minor Ailments Clinics ... .. 5583

### Defects of Vision and Squint

Clinic sessions were held once or twice a week at Gt. Yarmouth Clinic and the system was in practice a continuation of the arrangements previously made by the Local Education Authority who continued to employ the ophthalmologist on a sessional basis. In accordance with Ministry instructions however, fees payable by the Local Executive Council under the National Health Service Act to the ophthalmologist were transferred to the Local Education Authority, and glasses were provided through the Local Executive Council.

	No. of defects dealt with
Errors of refraction (including squint) ... ..	414
Other defects or disease of the eyes (excluding those recorded as minor ailments) .. ..	25
Total ... ..	439

No. of pupils for whom spectacles were:—

Prescribed ... ..	175
Obtained ... ..	161
Total cases seen in year ... ..	454

## Diseases of the Ear, Nose and Throat

Pupils requiring specialist treatment for diseases of the ear, nose and throat were referred to the Great Yarmouth General Hospital in the usual way.

In the following table it should be noted that the figures for the total receiving operative treatment for adenoids and chronic tonsillitis are those provided by the hospital, but that less than half of these were referred for operation by the Medical Officers of the School Health Service. The point is of some importance in view of the conservative attitude now adopted by the Ministry of Education towards this operation.

	Total number treated
Received operative treatment:—	
for adenoids and chronic tonsillitis ... ..	381
for other nose and throat conditions ... ..	6
Received other forms of treatment ... ..	39
 Total ... ..	<hr/> 426 <hr/>
 Number referred by School Health Service for operative treatment for adenoids and chronic tonsillitis ... ..	   180

## Orthopædic and Postural Defects

During the year the Orthopædic Clinic, previously run jointly by the Norfolk County and the Great Yarmouth Education Authorities, passed under the control of the Regional Hospital Board, and the orthopædic surgeon and the physiotherapist were no longer employed directly by the Education Authorities. In practice the arrangements continued as in previous years and the same facilities were afforded to schoolchildren referred there.

Pupils requiring operative treatment were dealt with either at Great Yarmouth General Hospital or at the Norfolk and Norwich Hospital.

No. treated as in-patients in hospitals or hospital schools ... ..	36
No. treated otherwise, e.g. in clinics or out-patient departments ... ..	257

## Child Guidance

The Child Guidance Clinic, previously run jointly by the Norfolk County and the Great Yarmouth Education Authorities, passed under the control of the Regional Hospital Board, and the staff were no longer directly employed by the Authorities. The clinic moved from Melton Lodge to the General Hospital, but continued to work in close liaison with the School Health Department which provided most of

### **ERRATUM.**

#### **Handicapped Pupils.**

*Delete first sentence of second paragraph and substitute the following :—*

*“The total on the handicapped pupils register at the end of the year was 99, of which 73 were recommended for special schools and 26 for special educational treatment in ordinary schools. The Ministry of Education tables quoted on the next page are an analysis of those recommended for special schools.”*





its patients. The scope of the activities remained limited because a complete child guidance team was not available.

33 children were dealt with at the clinic during the year.

### Speech Therapy

The Authority obtained the services of a part-time speech therapist for two sessions a week and clinics were started at Yarmouth and at Gorleston in October.

24 children were dealt with during the remaining period of the year.

### HANDICAPPED PUPILS

Ascertainment of handicapped pupils, and their official classification as such, improved considerably during the year and there were indications towards the end of the year that the difficulty of placing children in special schools was easing slightly.

The total on the handicapped pupils register at the end of the year was 73, and the Ministry of Education tables quoted on the next page give an analysis of the position. It should be noted that of the 43 children awaiting admission to special schools only 18 were for residential schools. The remaining 25 classified as suitable for day special schools have been so classified mainly for record purposes, there being no such schools in the area, and they consist largely of educationally sub-normal children who are catered for in special classes in ordinary schools.

Early in the year the Education Authority started a home teaching scheme for certain handicapped children. The scheme is not designed to replace special school education but rather to provide for children who for any reasons are unsuitable for special schools or for children who have long periods to wait before vacancies are obtained for them in such schools. The 8 children who were dealt with all came in the physically handicapped group and were diagnosed as follows:—

Bronchiectasis	...	...	...	1
Pseudo hypertrophic muscular dystrophy	...	...	...	4
Congenital heart disease	...	...	...	1
Nephritis	...	...	...	1
Spastic diplegia	...	...	...	1

The scheme achieved a considerable success and surprisingly good results were reached in some very difficult cases. Apart from the educational benefit to the children there was in general a marked improvement in the mental outlook of children and also of parents in relation to the handicap as a result of the continued interest shown by the home teacher. In one case the improvement in general well-being was sufficient to allow the child to attend at the Art School and thereby to enjoy the company of other children. The fact that children in the scheme are apt to be isolated from other children is perhaps the most valid criticism, but it should be remembered that only those who are unsuitable for any schools or who are awaiting vacancies are included. Other criticisms which have been levelled against the scheme would probably be silenced by observing it in action. The Local Education Authority may feel fully justified in continuing the scheme and extending it as required.

	Blind (1)      Partially Sighted (2)		Deaf (3)      Partially Deaf (4)		Delicate (5)      Physically Handicapped (6)		Educationally sub-normal (7)      Maladjusted (8)		Epileptic (9)	TOTAL 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	7	(8)	(9)	(10)
In the calendar year:										
A. Handicapped Pupils <b>newly placed</b> in Special Schools or Homes.	—	—	3	1	1	1	—	—	—	6
B. Handicapped Pupils <b>newly ascertained</b> as requiring education at Special Schools or boarding in Homes.	—	—	1	1	8	10	15	—	—	35
On or about Dec. 1st:										
C. Number of Handicapped Pupils from the area:—										
(i) attending Special Schools as Day Pupils	—	—	—	—	—	—	—	—	—	—
Boarding Pupils	1	3	10	1	1	3	1	—	2	22
(ii) Boarded in Homes	—	—	—	—	—	—	—	—	—	—
(iii) attending assisted schools (under approved arrangements)	—	—	—	—	—	—	—	—	—	—
Total (C)	1	3	10	1	1	3	1	—	2	22
D. Number of Handicapped Pupils from the area requiring places in special schools or Homes but remaining unplaced.	—	—	1	—	12	13	17	—	—	43
E. Number of Handicapped Pupils receiving home tuition (including those also returned in D).	—	—	—	—	—	8	—	—	—	8



## DIPHTHERIA IMMUNISATION

The clinic facilities for immunisation were maintained throughout the year. The scheme for immunisation in schools which was started last year was continued and met with considerable success. Attention is directed to further remarks under "Infectious Diseases".

500 children who had previously been immunised received "booster" doses.

60 children of school age who had not taken advantage of the Local Health Authority's immunisation scheme were immunised for the first time.

## INFECTIOUS DISEASES

The following table shows the number of notified cases of infectious diseases in the school population during the year and in preceding years.

Disease	1949	1948	1947
Scarlet fever ...	64	95	53
Diphtheria ...	2	—	—
Measles ...	383	217	82
Whooping cough	10	59	36
Pneumonia ...	2	4	3
Poliomyelitis ...	1	1	3

The school nurse made the necessary home visits in relation to infectious diseases and advised on precautions to prevent the spread of infection. Contacts were excluded from school when required.

It is to be noted that after a two-year period of freedom from diphtheria two children contracted the disease. They were both from the same large family and it is significant that they were the only children in whom the parents had omitted to have immunisation carried out. A considerable amount of epidemiological work was required in homes and schools in connection with these and another related case, and as a result seven carriers were detected and isolated, and the infection did not spread beyond strictly limited confines. Nevertheless it is to be hoped that this incident will bring home to parents the fact that this grave disease is an ever-present danger which can only be controlled if they accept the advice, so often given, to have their children immunised.

## TUBERCULOSIS

One case of pulmonary tuberculosis and one of non-pulmonary tuberculosis in schoolchildren were notified.

Two cases of pulmonary tuberculosis and one of non-pulmonary tuberculosis in schoolchildren were transferred to this area from other areas.

## INFESTATION WITH VERMIN

The drive against head louse infestation met with further success and the position has now been reached that nurses, from previous experience, have almost exact knowledge before they carry out an inspection of the children whom they will find verminous. There is little doubt that these children after cleansing are re-infested in their own homes by adults, or children over school age, and this reveals a most unsatisfactory state of affairs in the houses concerned. The attempt to stimulate in parents a sense of responsibility in this matter was continued, but in many cases it was an extremely difficult task.

Total number of examinations in the schools by the school nurses or other authorised persons	....	30488
Total number of individual pupils found to be infested		245
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	... ..	233
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	... ..	—

## SCHOOL DENTAL SERVICE

The following is the report of the Senior Dental Officer:—

During the year 9 sessions were devoted to inspection at schools and 346 to treatment at clinics. This shows a considerable drop in the amount of work carried out, but this was an inevitable result of being without an Assistant Dental Officer throughout the year. I consider this a very serious matter as more than half the school population were not inspected. In present circumstances practically the whole of my time is devoted to treatment sessions, and even then it is possible to carry out only routine work; the treatment of various types of irregularity by fixed appliance, which was commenced last year, had to be discontinued.

The number of parents interested in the conservative side of the work is I think increasing, and very few now refuse to have fillings inserted in permanent teeth. While it is gratifying to note the increased interest of parents in the dental treatment of their children it is distressing to see the neglect of dental hygiene. One often has children for dental treatment whose mouths have not received attention for cleanliness even on the morning of visiting the dental clinic. I should therefore like to recommend that lectures on the value, and indeed the necessity, of dental hygiene, and of periodical inspection

and treatment, should be included in the curriculum of every school.

All treatment was carried out at the Gorleston clinic but during the year the war damage repairs and re-decoration of the Yarmouth clinic were completed and this clinic will be re-opened in 1950. The arrangements for pupils attending the school dental clinic will then be as follows:—

Schools on the East of the river (except Cobholm schools),  
Mondays, Wednesdays and Saturday mornings at

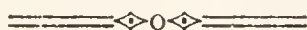
Congregational Church Schoolrooms,  
Middlegate Street,  
Great Yarmouth.

Schools on the West of the river and Cobholm schools,  
Tuesdays, Thursdays and Fridays at

Gorleston Clinic,  
Trafalgar Road East,  
Gorleston.

I am once more very grateful for the interest and co-operation of the head teachers and their staffs, the office staff and the nurses; their help in our work is greatly appreciated.

WALTER NICHOLLS.



The following is a brief summary of the work undertaken during the year:—

Number of pupils inspected by the Authority's Dental Officer:—

Periodic age groups	...	...	...	1507
Specials	...	...	...	527
Total (Periodic and Specials)				2034

Number found to require treatment	...	...	...	1535
Number actually treated	...	...	...	1315
Attendances made by pupils for treatment	...	...	...	2718

Half-days devoted to:—

Inspection	...	...	...	...	9
Treatment	...	...	...	...	346
Total					355



### Fillings:—

Permanent teeth	...	...	...	...	1249
Temporary teeth	...	...	...	...	367
Total	...	...	...	...	<u>1616</u>

### Extractions:—

Permanent teeth	...	...	...	...	270
Temporary teeth	...	...	...	...	2555
Total	...	...	...	...	<u>2825</u>

Administration of general anæsthetics for extraction 473

### Other operations:—

Permanent teeth	...	...	...	...	211
Temporary teeth	...	...	...	...	106
Total	...	...	...	...	<u>317</u>

## PROVISION OF MILK AND MEALS

(a) The daily average of meals served during the year was 3183, of which 358 were free and 2,825 were on payment.

(b) Milk was available daily for children attending all schools in the Borough. The average number of bottles supplied each day was 5,600. The milk was supplied in individual bottles containing one-third of a pint and an adequate number of straws was available to enable the milk to be consumed from the bottles. During the summer holidays a number of schools were opened at stated hours to enable children to have the supply continued.

The Ministry of Food scheme under which children who are unable to attend school on account of disability of mind or body may be supplied with one pint of milk at a reduced rate was operated throughout the year and a number of parents took advantage of the scheme.

### (c) Additional Nourishment.

Children requiring additional nourishment in the form of vitamin supplements, etc., are supplied with these on the recommendation of the Assistant Medical Officers.

## PHYSICAL EDUCATION

With the completion of the Cobholm Playing Field pavilion and the increased provision of transport, it was possible to expand the Physical Education programme and all children from the age of 10

years and, in many cases, younger children were able to have organised games on a playing field.

The exceptionally good summer weather provided an excellent opportunity for swimming and instruction was given almost without interruption in the two Swimming Pools. There was a marked improvement in the style of the Learners and at the end of the season 347 Certificates were awarded to Learners.

Physical education carried out on the school premises included work with fixed and portable apparatus as well as "free standing" movements. Dancing was taken in all the Secondary Girls', Junior and Infants' Schools.

## MISCELLANEOUS

### Employment of Children.

116 pupils were examined as to fitness for part-time employment.

### Health Education.

A course in mothercraft conducted by a member of the staff for senior girls was extended to include a second school during the year, and opportunities were provided by the Health Department for the girls to visit Infant Welfare Centres.

Talks on health matters to Parent-Teacher Associations were arranged as required, and medical officers took advantage of their opportunities in school medical examinations and in clinics for carrying out health education on a more individual basis.

An exhibition stand, provided on loan by the Central Council for Health Education, with a succession of varied topics, was exhibited at clinics and elsewhere during the year, and extensive use was made in the clinics of posters and pamphlets on health matters.









R. 12/6.7

